ATE:	FROM:	(print name)	
	REASON(S):		
ORWARD TO: 647	A. You had Parent	(check box)	
. Art Unit: 2045	B. See Title	(check box)	
3. Class: - 379	C. See Abstract	(check box)	
Subclass:	D. See Claim(s):		
URTHER EXPLANATION IF N		_	
Teleph	me Confere	me Call	
DATE:	FROM:	(print name)	
	REASON(S):		
FORWARD TO:	A. You had Parent	(check box)	
A. Art Unit:	B. Śee Title	(check box)	
 :	C. See Abstract	(check box)	
B. Class:	 * * * * * * * * * * * * * * * * * 		
, , , , , , , , , , , , , , , , , , ,	D. See Claim(s):		
C Subclass:	D. See Claim(s):		
		(print name)
FURTHER EXPLANATION IF N	EEDED:	(print name)
FURTHER EXPLANATION IF N	FROM:	(chock box))
FURTHER EXPLANATION IF N	FROM: REASON(S):)
FURTHER EXPLANATION IF N DATE: FORWARD TO CLASSIFIER	FROM: REASON(S): A. You had Parent	(check box))
FURTHER EXPLANATION IF N DATE: FORWARD TO CLASSIFIER	FROM: REASON(S): A. You had Parent B. See Title	(check box))
FURTHER EXPLANATION IF NO DATE: FORWARD TO CLASSIFIER	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box))
FURTHER EXPLANATION IF N DATE: FORWARD TO CLASSIFIER	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box)	
FURTHER EXPLANATION IF NO DATE: FORWARD TO CLASSIFIER	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box))
FURTHER EXPLANATION IF NO DATE: FORWARD TO CLASSIFIER	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box))
FURTHER EXPLANATION IF NO DATE: FORWARD TO CLASSIFIER	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): NEEDED:	(check box))
FURTHER EXPLANATION IF N	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): NEEDED:	(check box))
DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF I	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): NEEDED:	(check box))
DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF I	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): NEEDED: LASSIFICATION CLASSIFIER:	(check box))
DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF I	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): NEEDED: LASSIFICATION CLASSIFIER: REASON(S):	(check box) (check box) (check box))
DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF I DISPOSITION BY 2700 C DATE: FORWARD TO:	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): NEEDED: LASSIFICATION CLASSIFIER: REASON(S): A. You had Parent	(check box) (check box) (check box))

FURTHER EXPLANATION IF NEEDED: